

**AFFIDAVIT OF SERVICE**

State of New York

County of Eastern District

United States District Court

Index Number: 1:23-MD-3089

Date Filed: 5/3/2024

Plaintiff:

**IN RE: ORAL PHENYLEPHRINE MARKETING AND SALES PRACTICES  
LITIGATION**

vs.

Defendant:

For:

Amie Dileo

Douglas & London, P.C.

Received by Nicoletti & Harris to be served on **Perrigo Company Plc The Sharp Building, Hogan Place,  
Dublin 2, Ireland.**

I, Ana Sanchez, being duly sworn, depose and say that on the **20th day of June, 2024 at 2:47 pm, I:**

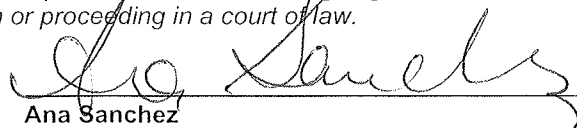
Deponent completed service by mailing a true copy of the **Summons in a Civil Action and Initial Streamlined Consolidated New York Bell Whether Class Action Complaint with Supporting documents** in a postpaid envelope to the address of: **Hogan Place, Dublin 2,, Ireland** by International Priority Mail # CH214193624US on **6/20/2024** and placed in an official depository of the U.S.P.S. in the State of New York.

**Additional Information pertaining to this Service:**

International Priority Mail

I certify that I am over the age of 18 and have no interest in the above action.

I affirm this 20<sup>th</sup> day of June, 2024, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law.

  
Ana Sanchez  
2084176

Nicoletti & Harris  
101 Avenue of the Americas  
9th floor  
New York, NY 10013  
(212) 267-6448

Our Job Serial Number: NHI-2024010101





# USPS Customs Declaration and Dispatch Note

- Print in English using blue or black ink.
- Complete all **SHADED** fields before acceptance.
- See the Privacy Notice on the reverse of Copy 4.



CH214193624US

## SHIPMENT INFORMATION (CONTINUED) — BOXED AREA IS FOR USPS-USE ONLY

Full Last Name SANCHEZ	Full First Name JUAN	MI	Sender's telephone 11987-1118
Business Name (if applicable) C/O Papi e Herris			

Address-1 11 Avenue de l'Inde Americas	State NY	ZIP Code 10013	9. Exporter's Reference (if applicable and known)	10. Exporter's telephone (if applicable and known)
---	-------------	-------------------	---	--

Address-2 4th Floor	State NY	ZIP Code 10013	11. Importer's Reference (if applicable and known)	12. Importer's telephone (if applicable and known)
------------------------	-------------	-------------------	--	--

City New York	State NY	ZIP Code 10013	13. AES ITN (if applicable) <input type="checkbox"/> \$ 30.36 <input type="checkbox"/> \$ 30.37 (a) <input type="checkbox"/> \$ 30.37 (b) <input type="checkbox"/> Other	14. AES Exemption — NOEE \$ (check one if applicable) <input type="checkbox"/> \$ 30.36 <input type="checkbox"/> \$ 30.37 (a) <input type="checkbox"/> \$ 30.37 (b)
------------------	-------------	-------------------	---	--

Full Last Name SANCHEZ	Full First Name JUAN	MI	15. License Number (if applicable)	16. Certificate Number (if applicable)	17. Invoice Number (if applicable)
---------------------------	-------------------------	----	------------------------------------	--	------------------------------------

Business Name (if applicable) Dorced Company PLC	Addresser's telephone 353-1-7444	18. Length (inches)	19. Width (inches)	20. Height (inches)
---	-------------------------------------	---------------------	--------------------	---------------------

Address-1 The Grace Building	Postal Code	21. Restrictions (if applicable — check all that apply) <input type="checkbox"/> Quarantine <input type="checkbox"/> Sanitary/Phytosanitary Inspection	22. Nondelivery instructions (check one) <input type="checkbox"/> Return to Sender <input type="checkbox"/> Treat as Abandoned
---------------------------------	-------------	--	--

Address-2 105 Can Place S	State/Province NY	Country Ireland	23. Sender's Signature and Date	24. HS Tariff Number	25. Country of Origin
------------------------------	----------------------	--------------------	---------------------------------	----------------------	-----------------------

City New York	State/Province NY	Country Ireland	26. Total		
------------------	----------------------	--------------------	-----------	--	--

SHIPMENT INFORMATION					
----------------------	--	--	--	--	--

1. Category of items (check all that apply) <input type="checkbox"/> Document <input type="checkbox"/> Commercial Sample <input type="checkbox"/> Merchandise <input type="checkbox"/> Dangerous Goods <input type="checkbox"/> Returned Goods <input type="checkbox"/> Humanitarian Donation <input type="checkbox"/> Other					
---	--	--	--	--	--

2. Detailed Description of Contents (Enter only one item per line)					
--	--	--	--	--	--

3. Quantity					
-------------	--	--	--	--	--

4. Net Weight (kg)					
--------------------	--	--	--	--	--

5. Value (€)					
--------------	--	--	--	--	--

6. Total					
----------	--	--	--	--	--

7. Sender's Email Address					
---------------------------	--	--	--	--	--

8. Addressee's Email Address					
------------------------------	--	--	--	--	--

9. USPS Official Use					
----------------------	--	--	--	--	--

10. USPS Corporate Account					
----------------------------	--	--	--	--	--

11. EMS Scheduled Delivery Date					
---------------------------------	--	--	--	--	--

12. Total Postage/Fees (U.S. \$)					
----------------------------------	--	--	--	--	--

IMPORTANT: This package may be opened officially.

4 - Sender's Copy